

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/510936**

FILING DATE

APPLICANT(S)

12/29/04

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1-		1-		
3		1-		1-		
4		2		2		
5		1		1		
6		1		1		
7		1		1		
8		1		1		
9		1		1		
10		1		1		
11		1		1		
12		1		1		
13		1		1		
14		1		1		
15		1		1		
16		1		1		
17		2		1		
18		1		1		
19		1		1		
20	1		1			
21		1		1		
22		1		1		
23		1		1		
24		1		4		
25		1		1		
26		1		1		
27		1		1		
28		1		1		
29		1		1		
30		1		1		
31		1		1		
32		2		1		
33	1		1			
34		1		1		
35		2		2		
36		1		1		
37	1		1			
38		1		1		
39	1		1			
40	1					
41	1					
42	1					
43						
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49						
50						
TOTAL IND.	8		5			
TOTAL DEP.	38		39			
TOTAL CLAIMS	46		44			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						